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CONFIRMATION NO. 6449

<b>SERIAL NUMBER</b> 10/601,279	<b>FILING OR 371(c) DATE</b> 06/20/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> AVZ-005CCPA2CN
<b>APPLICANTS</b> Rima Kaddurah-Daouk, Belmont, MA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 08/958,374 10/27/1997 ABN which is a CON of 08/736,967 10/25/1996 PAT 5,998,457 which claims benefit of 60/005,882 10/26/1995				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 08/28/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 13
				<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 00959				
<b>TITLE</b> Use of creatine analogues and creatine kinase modulators for the prevention and treatment of obesity and its related disorders				
<b>FILING FEE RECEIVED</b> 665	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	